

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

page 1 of 2

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                                               |            |                                                                                               |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------|----------|
| U.S. APPLICATION NO. (if known) <b>10/532223</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        | INTERNATIONAL APPLICATION NO.<br><b>PCT/SE2003/001594</b>                     |            | ATTORNEY'S DOCKET NUMBER<br><b>ASZD-P01-854</b>                                               |          |
| The following fees have been submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                                                               |            | <b>CALCULATIONS</b>                                                                           |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                                               |            | <b>PTO USE ONLY</b>                                                                           |          |
| 21.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Basic national fee |                                                                               |            | \$                                                                                            | 300.00   |
| 22.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Examination fee    |                                                                               |            |                                                                                               |          |
| If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4) \$100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                               |            |                                                                                               |          |
| All other situations \$200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |                                                                               |            | \$                                                                                            | 200.00   |
| 23.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Search fee         |                                                                               |            |                                                                                               |          |
| Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority \$100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                               |            |                                                                                               |          |
| International Search Report prepared and provided to the Office \$400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                        |                                                                               |            |                                                                                               |          |
| All other situations \$500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |                                                                               |            | \$                                                                                            | 500.00   |
| <b>TOTAL OF 21, 22 and 23 =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                                               |            | \$                                                                                            | 1,000.00 |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |                                                                               |            |                                                                                               |          |
| Total Sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Extra sheets                                           | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE       |                                                                                               |          |
| 21 - 100 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | /50 =                                                  |                                                                               | x \$250.00 |                                                                                               |          |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                                                                               |            | \$                                                                                            |          |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NUMBER FILED                                           | NUMBER EXTRA                                                                  | RATE       |                                                                                               |          |
| Total claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10 - 20 =                                              |                                                                               | x          | \$                                                                                            | 0.00     |
| Independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2 - 3 =                                                |                                                                               | x          | \$                                                                                            | 0.00     |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |                                                                               |            | \$                                                                                            |          |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                        |                                                                               |            | \$                                                                                            | 1,000.00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                                                                               |            | \$                                                                                            |          |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                                               |            | \$                                                                                            | 1,000.00 |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                               |            | \$                                                                                            |          |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |                                                                               |            | \$                                                                                            | 1,000.00 |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                               |            | \$                                                                                            |          |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                                                                               |            | \$                                                                                            | 1,000.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                                               |            | Amount to be refunded:                                                                        | \$       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                                               |            | Amount to be charged:                                                                         | \$       |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.<br>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>18-1945</u> in the amount of \$ <u>1,000.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>18-1945</u> .<br>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038. |                                                        |                                                                               |            |                                                                                               |          |
| <b>NOTE:</b> Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                                                               |            |                                                                                               |          |
| SEND ALL CORRESPONDENCE TO:<br>Patricia Granahan, Sc.D.<br>ROPES & GRAY LLP<br>One International Place<br>Boston, Massachusetts 02110-2624<br>(617) 951-7449<br>CUSTOMER NUMBER: 28120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                                                               |            |                                                                                               |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                                               |            | SIGNATURE: <u>David P. Halstead, Ph.D.</u><br>NAME _____<br>REGISTRATION NUMBER <u>44,735</u> |          |

10/532223

JCS Rec'd PCT/PTO 06 APR 2005

Application No. (if known): Not Yet Assigned

Attorney Docket No.: ASZD-P01-854

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV520562661US in an envelope addressed to:

MS PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on April 6, 2005  
Date

  
Signature

Mary Jane DiPalma

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Letter to the United States Designated-Elected Office (2 pages)  
Preliminary Amendment (8 pages)  
Second copy of published International Application with Cover Page (22 pages)  
Application Data Sheet (2 pages)  
Copy of International Preliminary Examination Report of PCT/SE2003/001594 (4 pages)  
Information Disclosure Statement and PTO Form SB/08 (3 pages)  
Copy of International Search Report of PCT/SE2003/001594 (2 pages)  
Charge \$1,000.00 to deposit account 18-1945  
This Certificate of Express Mail  
Return Receipt Postcard